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| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Continental Oil Company

Address
P. O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|--------------------------|---------------------------|--------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

Other (Please explain) To show new lease name & well No. South Eunice Unit effec. 1-1-71. Formerly **Greer No. 1** operated by **SUN**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|----------------------|--|----------------------------------|
| Lease Name South Eunice Unit | Well No. 2 | Pool Name, including Formation Eunice 7 Rvrs Queen South | Kind of Lease Pat Est. |
| Location | | | |
| Unit Letter: C | 660 | Feet From The NORTH Line and 660 | Feet From The EAST Line |
| Line of Section 21 | Township 22-S | Range 36-E | NMPM, Lea County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | |
|--|---|------|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS New Mexico Pipeline | Address (Give address to which approved copy of this form is to be sent) Box 1510 MIDLAND TEXAS | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Ashland Chemical Co | Address (Give address to which approved copy of this form is to be sent) Box 158 Eunice NM | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. |
| | | | Rge. |
| | | | Is gas actually connected? yes When N/A |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Restv. | Diff. Restv. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Pool | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|-----------------|----------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Hugh D. Dugan
(Signature)
Administrative Supervisor
(Title)

1-6-71

(Date)

NMOCC (5) SEE PART. 681 FILE

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **[Signature]**
TITLE **VICE PRESIDENT**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.